

The Ethics of Evidence-Based Management

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THE ADVANTAGES OF EVIDENCE-BASED medicine have been demonstrated repeatedly. Indisputably, the adoption of clinical guidelines, pathways and protocols has contributed to improved clinical outcomes. Could the development and application of evidence-based management practices have a comparable benefit for patients, staff and, ultimately, healthcare organizations and their communities?

The succinct answer is yes, absolutely. Unfortunately, the slow and uneven adoption of best management practices is not recognized as an ethical issue. When economic resources are insufficient to acquire new technology, employ additional staff and expand or even maintain existing programs, the importance of using evidence-based management cannot be over-emphasized.

Failing to adopt documented best practices is ethically indefensible. We have an inherent fiduciary and moral responsibility to energetically pursue and implement improved management tools and techniques.

REASONS FOR SLOW ADOPTION OF BEST-DEMONSTRATED PRACTICES

There are a variety of reasons why leaders may not move quickly to replicate highly successful management practices. Four come to mind. First, some executives believe they are well experienced, know

how to manage properly and do not need to invest time and effort to examine how others may be more successful in managing their organizations. They would not consider themselves to be egotistical or arrogant but, rather, confident that internal resources are sufficient to maintain continued improvement.

Second, other leaders not only are convinced they know most of the keys to effective management, but they also contend that, unlike medicine, which is primarily based on objective scientific findings, management is more of an art. Therefore, these executives view evidence-based management as an attractive academic concept but one whose value is relatively unproven.

Third, another group of executives do not feel compelled to make adoption of evidence-based management practices a high priority because the incentives for doing so are not obvious. The governing body has not expressed any concern about current practices, medical staff members continue to support the executive team and the organization is well respected by its community.

Fourth, many executives believe they simply do not have time to acquire and review potentially useful information concerning best-demonstrated management practices. These executives acknowledge the benefits of replicating best practices, but they feel overextended by confronting a seemingly unending number of crises and instead decide to delay action.

TAKING A PRAGMATIC APPROACH

The case for evidence-based management must be made more persuasively. We need to think systematically and creatively about how management best practices can be more rapidly and effectively promoted, disseminated and implemented. For example, we know many institutions have won significant state and national awards for superior performance in a wide variety of areas, including:

- Improving patient safety
- Preventing and minimizing never events
- Decreasing healthcare-acquired infections
- Making care more timely and patient centered
- Increasing patient satisfaction
- Minimizing employee turnover and absenteeism
- Reducing the cost of services
- Maximizing the value of information technology
- Promoting accountability and transparency
- Creating a learning culture
- Improving community health status
- Reducing healthcare disparities
- Demonstrating community benefit

We also know there will be more hospitals recognized for their success in:

- Lowering re-admission rates within 30 days of discharge
- Adopting electronic health records
- Expanding the cost-effective use of telemedicine
- Reducing energy consumption

Undoubtedly, many of the institutions that have won the Malcolm Baldrige National Quality Award, the American Hospital Association-McKesson Quest for Quality Prize, the Thomson Reuters 100 Top Hospitals Performance Improvement Leaders award and similar honors are led by CEOs who learned from their peers. Consequently, these same executives are almost always interested in sharing their lessons with others. The key point is that right now in each of the above areas there are reliable management policies, programs and practices that are contributing to irrefutable improvements in organizational outcomes.

TIMELY AND INFORMATIVE RESOURCES

In addition to learning from successful organizations, a growing number of recent publications contain valuable insights regarding verified means and methods for achieving exceptional progress. Five of these are particularly noteworthy.

- *Evidence-Based Management in Healthcare* by Anthony R. Kovner, PhD, David J. Fine, PhD, FACHE, and Richard D'Aquila, FACHE (Health Administration Press, 2009). The book explains how healthcare leaders can move from making educated guesses to using the best available information to make decisions.
- *Journey to Excellence: How Baldrige Health Care Leaders Succeed* by Kathleen J. Goonan, MD, Joseph A. Muzikowski and Patricia K. Stoltz (ASQ Quality Press, 2009). The book describes how nine Baldrige Award healthcare winners approached their Baldrige journey and what other healthcare leaders should do to accomplish similar benefits.
- *What Top-Performing Healthcare Organizations Know: 7 Proven Steps for Accelerating and Achieving Change* by Greg Butler and Chip Caldwell, FACHE (Health Administration Press, 2008). The authors researched more than 220 healthcare organizations to determine what differentiates high performers from organizations that fail to achieve lasting operational success.
- *Hospitals in Pursuit of Excellence [HPOE]: A Guide to Superior Performance Improvement* (American Hospital Association, 2009). This guide comprises 28 case studies of hospitals that have made significant strides in one of AHA's four initial HPOE focus areas: healthcare-acquired infections, medication management, patient throughput and patient safety. The guide is available on CD, and the

print version was mailed to every hospital in the United States in 2009.

- *Better: A Surgeon's Notes on Performance* (Metropolitan Books, 2007). Written by the remarkable surgeon and acclaimed author Atul Gawande, MD, this book is both eloquent and inspiring. Gawande notes, "Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try."

ACCELERATING THE ADOPTION OF EVIDENCE-BASED MANAGEMENT

Hospitals and other healthcare organizations have a solid track record regarding the implementation of clinical pathways, guidelines and protocols. Similarly, our most effective executives have been successful in replicating exemplary management practices through learning collaboratives and by developing innovative programs on their own. Nonetheless, we still can and should do more to close the too-large gap between the best performing institutions and those that rationalize they don't have the intellectual or financial resources to make more rapid progress.

As the public becomes better informed about the number and magnitude of problems afflicting the healthcare field, citizens legitimately will question why healthcare providers have not implemented well-documented management best practices as quickly as clinical best practices. It will be difficult to defend the status quo on an ethical basis because it cannot and should not be done.

But discomfort about being criticized is not a sufficient or compelling reason to employ evidence-based management. The motivation should be to create and sustain more effective organizations that are better able to serve our communities.

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Discussion Questions

Briefly describe how using evidence-based management can foster the ethical alignment of a healthcare organization.

The author identified some metrics contributing to evidence-based management. Are there additional metrics that can contribute to understanding institutional performance?